Form 8871

Political Organization us

OMB No. 1545-1693

10illi	Nation of Castian EAT	C4_4
(July 2000)	Notice of Section 527	Stat
Department of the Treasury		

Part I General Information				
Name of organization Kansas Chir Mailing address (P.O. Box or number	opractic A		Empl 4/8	oyer identification number 078832
Mailing address (P.O. Box or number		number)	•	•
City or town, state, and ZIP code		612		
E-mail didress of organization	nsaschire			4 - 11
a Name of custodian of records	4b Cust	todian's address		11 /
Sharol Couch	1	334 5. 7	peka	
Name of contact person	5b Con	ope Ka K	2 66	612
		334 S. 7	opeKa	Blud
or. James Edwar	7	Tope Ka . H	15 661	
Business address of organization (if d	ifferent from mailing addres	s snown above). Number, s		
City or town, state, and ZIP code				
art II Purpose				
Describe the purpose of the organizat	ion			
State poli:	tical act	71		
- Jo Po, / /		70.		
			·	
art III List of All Related Ent	ities (see instructions)		-	
Name of related entity	8b Relationship	8c Address		
mras Chiropractic	Same	1334 5	5. To 00	Va Alva
nsas Chiropractic Association	Same Control	Track	1/5	66612
		Topeka	1 	99612
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				OGDEN, UT
r Paperwork Reduction Act Notice, see	page 4.	Cat. No. 30405V	1	Form 8871 (7-2000)

Form 8871 (7-2				Page 2
Part IV	List of All Officers,	Directors, and Highly C	compensated Employees (see instructions)	
9a Name		9b Title	9c Address	
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				1 1
	Under penalties of perjury, I of Revenue Code, and that I have it is true, correct and complete the complete that I have the correct and complete the correct and	declare that the organization named we examined this notice, including acte.	I in Part I is to be treated as an organization described in section accompanying schedules and statements, and to the best of my kn	nowledge and belief,
Sign	1 Loph		× 7/31/0	20
Here	Signature of authorize	d official	Date	
. 1016		<u> </u>		0074
		Printed	on recycled paper Fo	orm 8871 (7-2000)